



District: \_\_\_\_\_ Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Amount: \_\_\_\_\_ Ck#: \_\_\_\_\_ Date: \_\_\_\_\_

Manchester Health Department  
1528 Elm St.  
Manchester, NH 03101  
Tel: (603) 624-6466 / Fax: (603) 628-6004

**2023 SWIMMING POOL, BATHING PLACE OR SPA PERMIT APPLICATION**

Facility Name: \_\_\_\_\_ Tel: \_\_\_\_\_

Facility Address: \_\_\_\_\_ Fax: \_\_\_\_\_

**Owning Entity: (Name of LLC, INC, Corp, Association, Sole Proprietor, etc.):**

Name: \_\_\_\_\_ Tel: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Cell: \_\_\_\_\_

**Certified Pool Operator: (Individual responsible for operation)**

Name: \_\_\_\_\_ Tel: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Cell: \_\_\_\_\_

CPO Certificate Number: \_\_\_\_\_ CPO Expiration Date: \_\_\_\_\_

**Additional Responsible Party / Management Company (If applicable):**

Name: \_\_\_\_\_ Tel: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Cell: \_\_\_\_\_

**Facility Classification:** (Please check each appropriate box)

(A) ☐ Outdoor Pool .....\$ 175.00

(B) ☐ Indoor Pool .....\$ 175.00

(C) ☐ Hot Tub / Spa up to 2 units .....\$ 125.00 each

☐ Each additional hot tub/spa unit .....\$ 100.00

Number of additional units: \_\_\_\_\_

(D) ☐ Natural Bathing Place .....\$ 175.00

☐ Late fee (applications received after May 10, 2020) .....\$ 25.00

(E) ☐ Non-Profit / Government-owned facility **TAX ID # required:** \_\_\_\_\_ No fee

**Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**LICENSE WILL NOT BE ISSUED UNLESS THIS APPLICATION IS COMPLETELY FILLED OUT**